Medicaid Enrolled Provider Listing Data Dictionary Change Log

https://health.data.ny.gov/d/keti-qx5t

Change Log as of April 2022 (Version 1.6)

| Current Page # | Data Element | Change |
|-------------------|---|---|
| 1 | Data Dictionary date | Date changed to April 2022 and Version number changed to 1.6 |
| 4 | Previous Name: MEDICALLY FRAGILE CHILDREN DIRECTORY IND | Field named "MEDICALLY FRAGILE CHILDREN DIRECTORY IND" changed to "MEDICALLY FRAGILE CHILDREN AND ADULTS DIRECTORY IND" |
| | New Name: MEDICALLY FRAGILE CHILDREN AND ADULTS DIRECTORY IND | |

Change Log as of December 2020 (Version 1.5)

| Current Page # | Data Element | Change |
|-------------------|----------------------|--|
| 1 | Data Dictionary date | Date changed to December 2020 and Version number changed to 1.5 |
| 5 | Provider Email | A new field has been added to add the providers email address related to the service address for the Medicaid provider ID. Email address will only be included for Private Duty Nurse (PDN) providers. All other provider records will be blank. |

Change Log as of August 2020 (Version 1.4)

| Current Page # | Data Element | Change |
|-------------------|--|--|
| 1 | Data Dictionary date | Date changed to August 2020 and Version number changed to 1.4 |
| 5 | Medically Fragile Children Directory Ind | A new field has been added to identify provider certified to provide services to Medically Fragile Individuals |

| Current Page # | Data Element | Change |
|-------------------|--|--|
| 1 | Dataset title changed to: Medicaid Enrolled Provider Listing | The dataset title was changed to reflect inclusion of Managed Care Only and OPRA enrolled providers |
| 1 | Data Dictionary date | Date changed to April 2019 and Version number changed to 1.3 |
| 2-3 | Data Element Header | Additional columns added to the header: New HD Field and Federal Requirement |
| 2 | PROFESSION OR SERIVCE | PROFESSION OR SERVICE has been moved to page 3 |
| 2 | MEDICAID PROVIDER ID | MMISID has been changed to: MEDICAID PROVIDER ID |
| 2 | PROVIDER or FACILITY NAME | MMIS NAME has been changed to PROVIDER or FACILITY NAME |
| 2 | COUNTY | COUNTY has been moved to page 3 and data element description has changed |
| 2 | STATE | STATE has been moved to page 3 and data element description has changed |
| 2 | FILE DATE | UPDATED file date has been re-labeled to FILE DATE |
| 2-3 | MEDICAID TYPE | A new field has been added to identify the providers enrollment type FFS, MCO or OPRA |
| 3 | PROVIDER SPECIALTY | A new field has been added to identify the medical specialty for which the provider is certified |
| 3 | SERVICE ADDRESS | A new field has been added to identify the Service Address for the Medicaid Provider ID |
| 3 | CITY | A new field has been added to identify the City related to the service address for the Medicaid Provider ID |
| 3 | ZIP CODE | A new field has been added to identify the ZIP CODE related to the service address for the Medicaid Provider ID |
| 4 | TELEPHONE | A new field has been added to identify the Telephone number related to the service address for the Medicaid Provider ID |
| 4 | LATITUDE | A new field has been added to identify the Latitude related to the service address for the Medicaid Provider ID |
| 4 | LONGITUDE | A new field has been added to identify the Longitude related to the service address for the Medicaid Provider ID |
| 4 | ENROLLMENT BEGIN DATE | A new field has been added to identify the most recent date the provider began participating in NYS FFS Medicaid/OPRA/ Managed Care Only |
| 4 | NEXT ANTICIPATED REVALIDATION DATE | A new field has been added to identify the date the provider is subject to revalidate their enrollment |
| 4 | *Notation | A notation was added to page 4 indicating the information is self-reported and can contain errors or inaccuracies |